

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2008
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF PARADISE VLY		STREET ADDRESS, CITY, STATE, ZIP CODE 3841 E. TWAIN LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>.</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on October 7, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 beds.</p> <p>The facility had the following category of classified beds: Category 2 - 10 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility for the elderly or disabled persons. Residential facility for persons with mental illnesses.</p> <p>The census at the time of the survey was 8. One additional resident was hospitalized. Nine current resident files and one closed resident file were reviewed, and 5 employee files were reviewed.</p> <p>There was 1 complaint investigated during the survey.</p> <p>Complaint # 14351 was unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1	Y 000		
Y 105 SS=F	<p>The following regulatory deficiencies were identified:</p> <p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to ensure 1 of 5 employees met the criminal history background check requirements. (#4)</p> <p>Findings include:</p> <p>Employee #4 was hired on 4/16/08. The personnel file did not contain documented evidence fingerprints had been sent to the Nevada repository or a returned background check from the repository.</p> <p>Severity: 2 Scope: 3</p>	Y 105		
Y 106 SS=F	<p>449.200(2)(a) Personnel File - 1st aid & CPR</p> <p>NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and</p>	Y 106		

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Y 455	Continued From page 3 resuscitation. Interview with Employee #1/owner on October 7, 2008 at 10:15 AM indicated that there was no shield or mask for use in administering cardiopulmonary resuscitation available in the facility. Severity: 2 Scope: 3	Y 455		
Y 606 SS=C	449.269(2) Discrimination Prohibited NAC 449.269 2. The facility's policy regarding nondiscrimination must be posted in a public area of the facility. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure the policy regarding nondiscrimination was posted in a public area of the facility. Findings include: Observation on 10/7/08 at 9:15 AM, revealed that there was no policy regarding nondiscrimination posted in the facility. Interview with Employee #1/owner on 10/7/08 at 10:30 AM, indicated she was unaware the nondiscrimination policy needed to be posted in a public area. Severity: 1 Scope: 3	Y 606		

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Y 920 Y 920 SS=F	Continued From page 4 449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure resident medications were stored in a locked area. Findings include: Observation of the lower medication storage cabinet on 10/7/08 at 9:30 AM, revealed the cabinet was not locked. Interview with Employee #1/owner on 10/7/08 at	Y 920 Y 920		

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Y 920	Continued From page 5 9:30 AM, indicated that she forgot to lock the cabinet. Severity: 2 Scope: 3	Y 920			

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